

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Ostrander For Congress

ADDRESS (number and street)

PO Box 1105

Check if different
than previously
reported. (ACC)

San Luis Obispo

CA

93406

2. FEC IDENTIFICATION NUMBER ▼

C

C00575696

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CA

24

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

07

D D /

01

Y Y Y Y /

2016

through

M M /

08

D D /

23

Y Y Y Y /

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Joni Marie Martinez

Signature of Treasurer

Joni Marie Martinez

[Electronically Filed]

Date

M M /

09

D D /

07

Y Y Y Y /

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Ostrander For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	628.66	47733.93
(b) Total Contribution Refunds (from Line 20(d))	0.00	188.62
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	628.66	47545.31
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7024.66	74584.35
(b) Total Offsets to Operating Expenditures (from Line 14).....	7590.90	7590.90
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	-566.24	66993.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	19446.97	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 23

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Ostrander For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

553.44

41245.87

(ii) Unitemized.....

75.22

5988.06

(iii) TOTAL of contributions from individuals ▶

628.66

47233.93

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

500.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

628.66

47733.93

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

21000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

21000.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

7590.90

7590.90

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

1.17

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

8219.56

76326.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 23

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7024.66	74584.35
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	1553.03	1553.03
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	1553.03	1553.03
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	188.62
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	188.62
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8577.69	76326.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	358.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8219.56
25. SUBTOTAL (add Line 23 and Line 24).....	8577.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8577.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

712.95

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		10		2016

Transaction ID : SA11AI.4971

Amount of Each Receipt this Period

3.01

☐ Memo Item

Total earmarked through conduit; PAC limit not affected

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

712.95

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2016

Transaction ID : SA11AI.4972

Amount of Each Receipt this Period

5.00

☐ Memo Item

Total earmarked through conduit; PAC limit not affected

Full Name (Last, First, Middle Initial)

C. ActBlue

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

712.95

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		31		2016

Transaction ID : SA11AI.4973

Amount of Each Receipt this Period

2.42

☐ Memo Item

Total earmarked through conduit; PAC limit not affected

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

10.43

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

ActBlue

A.

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

712.95

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		07		2016

Transaction ID : SA11AI.4975

Amount of Each Receipt this Period

1.35

☐ Memo Item

Total earmarked through conduit; PAC limit not affected

Full Name (Last, First, Middle Initial)

ActBlue

B.

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

712.95

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		14		2016

Transaction ID : SA11AI.4976

Amount of Each Receipt this Period

1.66

☐ Memo Item

Total earmarked through conduit; PAC limit not affected

Full Name (Last, First, Middle Initial)

Douglass Hall

C.

Mailing Address 3560 Sutdio Dr.

City

Cayucos

State

CA

Zip Code

93430

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Scientific Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		07		2016

Transaction ID : SA11AI.4959

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

503.01

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Ostrander For Congress

A. Full Name (Last, First, Middle Initial) Paypal			Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2016		
Mailing Address 2211 N 1st Street			Transaction ID : SA11AI.4970		
City	State	Zip Code	Amount of Each Receipt this Period _____ 20.00		
San Jose	CA	95131	<input type="checkbox"/> Memo Item Total earmarked through conduit; PAC limit not affected		
FEC ID number of contributing federal political committee.		C _____			
Name of Employer		Occupation			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 310.00			
B. Full Name (Last, First, Middle Initial) Paypal			Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2016		
Mailing Address 2211 N 1st Street			Transaction ID : SA11AI.4974		
City	State	Zip Code	Amount of Each Receipt this Period _____ 20.00		
San Jose	CA	95131	<input type="checkbox"/> Memo Item Total earmarked through conduit; PAC limit not affected		
FEC ID number of contributing federal political committee.		C _____			
Name of Employer		Occupation			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 310.00			
C. Full Name (Last, First, Middle Initial) Unitemized Contribution			Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2016		
Mailing Address n/a			Transaction ID : SA11AI.4960		
City	State	Zip Code	Amount of Each Receipt this Period _____ 3.01		
n/a	CA	00000	<input checked="" type="checkbox"/> Memo Item Paid through ActBlue		
FEC ID number of contributing federal political committee.		C _____			
Name of Employer		Occupation			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 110.00			
SUBTOTAL of Receipts This Page (optional).....			_____ 40.00		
TOTAL This Period (last page this line number only).....			_____		

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 23

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Ostrander For Congress

Full Name (Last, First, Middle Initial)

Unitemized Contribution

A.

Mailing Address n/a

City State Zip Code
n/a CA 00000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

110.00

Date of Receipt

M M / D D / Y Y Y Y
07 17 2016

Transaction ID : SA11AI.4962

Amount of Each Receipt this Period

5.00

☒ Memo Item
Paid through ActBlue

Full Name (Last, First, Middle Initial)

Unitemized Contribution

B.

Mailing Address n/a

City State Zip Code
n/a CA 00000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

110.00

Date of Receipt

M M / D D / Y Y Y Y
07 31 2016

Transaction ID : SA11AI.4965

Amount of Each Receipt this Period

2.42

☒ Memo Item
Paid through ActBlue

Full Name (Last, First, Middle Initial)

Unitemized Contribution

C.

Mailing Address n/a

City State Zip Code
n/a CA 00000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

110.00

Date of Receipt

M M / D D / Y Y Y Y
08 07 2016

Transaction ID : SA11AI.4967

Amount of Each Receipt this Period

1.35

☒ Memo Item
Paid through ActBlue

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Ostrander For Congress

Full Name (Last, First, Middle Initial)

Unitemized Contribution**A.** Mailing Address n/a

City	State	Zip Code
n/a	CA	00000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

110.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		14		2016

Transaction ID : SA11AI.4968

Amount of Each Receipt this Period

1.66

☒ Memo Item
 Paid through ActBlue

Full Name (Last, First, Middle Initial)

Mary J Wood**B.** Mailing Address n/a

City	State	Zip Code
n/a	CA	00000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

n/a

n/a

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

80.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		02		2016

Transaction ID : SA11AI.4958

Amount of Each Receipt this Period

20.00

☒ Memo Item
 Paid through Payal

Full Name (Last, First, Middle Initial)

Mary J Wood**C.** Mailing Address n/a

City	State	Zip Code
n/a	CA	00000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

n/a

n/a

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		02		2016

Transaction ID : SA11AI.4966

Amount of Each Receipt this Period

20.00

☒ Memo Item
 Paid through Paypal
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

553.44

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address PO Box 382110

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2016

City	State	Zip Code
Cambridge	MA	02238-2110

Amount of Each Disbursement this Period

0.13

Purpose of Disbursement
processing fees

001

☐ Memo Item

Candidate Name

Category/
Type**Transaction ID : SB17.4988**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address PO Box 382110

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2016

City	State	Zip Code
Cambridge	MA	02238-2110

Amount of Each Disbursement this Period

0.20

Purpose of Disbursement
processing fees

001

☐ Memo Item

Candidate Name

Category/
Type**Transaction ID : SB17.4989**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

C. ActBlue

Mailing Address PO Box 382110

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2016

City	State	Zip Code
Cambridge	MA	02238-2110

Amount of Each Disbursement this Period

0.10

Purpose of Disbursement
processing fees

001

☐ Memo Item

Candidate Name

Category/
Type**Transaction ID : SB17.4990**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)		

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.43

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address PO Box 382110

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2016

City	State	Zip Code
Cambridge	MA	02238-2110

Amount of Each Disbursement this Period

Purpose of Disbursement
processing fees

001

12345678901234567890
0.06

Candidate Name

☐ Memo Item**Transaction ID : SB17.4991**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address PO Box 382110

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2016

City	State	Zip Code
Cambridge	MA	02238-2110

Amount of Each Disbursement this Period

Purpose of Disbursement
processing fees

001

12345678901234567890
0.07

Candidate Name

☐ Memo Item**Transaction ID : SB17.4993**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Central Coast Business Services, LLC

Mailing Address 793 Higuera St., Suite 15

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2016

City	State	Zip Code
San Luis Obispo	CA	93401

Amount of Each Disbursement this Period

Purpose of Disbursement
Bookkeeping

001

12345678901234567890
120.00

Candidate Name

☐ Memo Item**Transaction ID : SB17.4994**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12345678901234567890
120.13

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. Crotty Consulting Inc.Mailing Address 8778 Spectrum Center Blvd.
Unit B141

City San Diego State CA Zip Code 92123

Purpose of Disbursement
Advertising

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2016

Amount of Each Disbursement this Period

935.45

☐ Memo Item

Transaction ID : SB17.4986

B. NationBuilder

Mailing Address 520 S. Grand Ave.

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
software

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2016

Amount of Each Disbursement this Period

29.00

☐ Memo Item

Transaction ID : SB17.4995

c. Erich Spencer

Mailing Address 702 Scarlett Dr.

City Towson State MD Zip Code 21286

Purpose of Disbursement
Advertising

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2016

Amount of Each Disbursement this Period

5932.89

☐ Memo Item

Transaction ID : SB17.4985

SUBTOTAL of Disbursements This Page (optional).....

6897.34

TOTAL This Period (last page this line number only).....

7017.90

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 23

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. William Ostrander

Mailing Address 1996 Sycamore Canyon Rd.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2016

City	State	Zip Code
San Luis Obispo	CA	93405

Amount of Each Disbursement this Period

650.00

Purpose of Disbursement
partial loan repayment

009

☐ Memo Item

Candidate Name

Category/
Type**Transaction ID : SB19A.5007**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: CA District: 24

Full Name (Last, First, Middle Initial)

B. William Ostrander

Mailing Address 1996 Sycamore Canyon Rd.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2016

City	State	Zip Code
San Luis Obispo	CA	93405

Amount of Each Disbursement this Period

700.00

Purpose of Disbursement
Partial loan repayment

009

☐ Memo Item

Candidate Name

Category/
Type**Transaction ID : SB19A.5008**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: CA District: 24

Full Name (Last, First, Middle Initial)

C. William Ostrander

Mailing Address 1996 Sycamore Canyon Rd.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2016

City	State	Zip Code
San Luis Obispo	CA	93405

Amount of Each Disbursement this Period

95.86

Purpose of Disbursement
Partial loan repayment

009

☐ Memo Item

Candidate Name

Category/
Type**Transaction ID : SB19A.5009**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: CA District: 24

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1445.86

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 23

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ostrander For Congress

Full Name (Last, First, Middle Initial)

A. William Ostrander

Mailing Address 1996 Sycamore Canyon Rd.

Date of Disbursement

M M / D D / Y Y Y Y
07 / 21 / 2016

City	State	Zip Code
San Luis Obispo	CA	93405

Amount of Each Disbursement this Period

93.88

Purpose of Disbursement
Partial loan repayment

009

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB19A.5010

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: CA District: 24

Full Name (Last, First, Middle Initial)

B. William Ostrander

Mailing Address 1996 Sycamore Canyon Rd.

Date of Disbursement

M M / D D / Y Y Y Y
08 / 23 / 2016

City	State	Zip Code
San Luis Obispo	CA	93405

Amount of Each Disbursement this Period

13.29

Purpose of Disbursement
Partial loan repayment

009

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB19A.5011

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: CA District: 24

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M / D D / Y Y Y Y

City	State	Zip Code
------	-------	----------

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type☐ Memo Item

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	---	--

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

107.17

1553.03

SCHEDULE C (FEC Form 3)
LOANS

PAGE 15 OF 23

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Ostrander For Congress

Transaction ID : SC/10.4342

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

William Ostrander

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1996 Sycamore Canyon Rd.

City	State	ZIP Code
San Luis Obispo	CA	93405

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="1350.00"/>	<input type="text" value="1350.00"/>	<input type="text" value="0.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>	<input type="text" value="none"/>	<input type="text" value="0.00"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value="0.00"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value="0.00"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value="0.00"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value="0.00"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

<input type="text" value="0.00"/>
<input type="text" value="0.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 16 OF 23

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Ostrander For Congress

Transaction ID : SC/10.4525

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

William Ostrander

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1996 Sycamore Canyon Rd.

City	State	ZIP Code
San Luis Obispo	CA	93405

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="2000.00"/>	<input type="text" value="203.03"/>	<input type="text" value="1796.97"/>

TERMS

Date Incurred

 / /

Date Due

 / /

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 17 OF 23

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Ostrander For Congress

Transaction ID : SC/10.4529

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

William Ostrander

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1996 Sycamore Canyon Rd.

City	State	ZIP Code
San Luis Obispo	CA	93405

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="7500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="7500.00"/>

TERMS

Date Incurred

 / /

Date Due

 / /

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 18 OF 23

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Ostrander For Congress

Transaction ID : SC/10.4530

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

William Ostrander

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1996 Sycamore Canyon Rd.

City	State	ZIP Code
San Luis Obispo	CA	93405

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="2000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2000.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2016"/>	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value="none"/>	<input type="text" value="0.00"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 19 OF 23

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Ostrander For Congress

Transaction ID : SC/10.4769

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

William Ostrander

Election: 2016

☒ Primary
☐ General
☐ Other (specify) ▼Mailing Address
1996 Sycamore Canyon Rd.City State ZIP Code
San Luis Obispo CA 93405

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2100.00	0.00	2100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y 04 / 04 / 2016	M M / D D / Y Y Y Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►

2100.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 20 OF 23

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Ostrander For Congress

Transaction ID : SC/10.4770

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

William Ostrander

Election: 2016

☒ Primary
☐ General
☐ Other (specify) ▼Mailing Address
1996 Sycamore Canyon Rd.City State ZIP Code
San Luis Obispo CA 93405

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 18 / Y 2016	M / D / Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►

1500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 21 OF 23

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Ostrander For Congress

Transaction ID : SC/10.4919

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

William Ostrander

Election: 2016

☒ Primary
☐ General
☐ Other (specify) ▼Mailing Address
1996 Sycamore Canyon Rd.

City	State	ZIP Code
San Luis Obispo	CA	93405

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2900.00	0.00	2900.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y 06 / 06 / 2016	M M / D D / Y Y Y Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►

2900.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 22 OF 23

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Ostrander For Congress

Transaction ID : SC/10.4920

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

William Ostrander

Election: 2016

☒ Primary
☐ General
☐ Other (specify) ▼Mailing Address
1996 Sycamore Canyon Rd.

City	State	ZIP Code
San Luis Obispo	CA	93405

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="900.00"/>	<input type="text" value="0.00"/>	<input type="text" value="900.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2016"/>	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value="none"/>	<input type="text" value="0.00"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 23 OF 23

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Ostrander For Congress

Transaction ID : SC/10.4921

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

William Ostrander

Election: 2016

☒ Primary
☐ General
☐ Other (specify) ▼Mailing Address
1996 Sycamore Canyon Rd.City State ZIP Code
San Luis Obispo CA 93405

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
750.00	0.00	750.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y 06 / 09 / 2016	M M / D D / Y Y Y Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

750.00
19446.97

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.